

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

1. PLACE OF DEATH

County Gila State ARIZONA Registered No. 119

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Globe No. Gila Gen. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Baby Hiltson How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(a) Residence: No. 331 Ash St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) \_\_\_\_\_

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 12-18-1938

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Globe (State or Country) Arizona

13. NAME Ray E. Hiltson

14. BIRTHPLACE (city or town) Cisco (State or Country) Texas

15. MAIDEN NAME Virginia Lee Wentworth

16. BIRTHPLACE (city or town) Payson (State or Country) Arizona

17. INFORMANT Ray E. Hiltson (Address) \_\_\_\_\_

18. BURIAL CREMATION, OR REMOVAL Place Globe Cemetery Date 12-19, 1938

19. EMBALMER License No. 242 A Signature W. H. McEllan

FUNERAL DIRECTOR Miles Mortuary Address Globe, Arizona

20. Filed Dec 19 38 Registrar Shuehwa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1938 to Dec. 18, 1938.

I last saw him alive on stillborn Dec. 18, 1938; death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows: Stillbirth Date of Onset 12-18-38

Other contributory causes of importance: \_\_\_\_\_

Name of operator Forceps delivery Date of 12-18-38

What test confirmed diagnosis exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: \_\_\_\_\_

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) T. C. Harper M. D. Address Globe, Arizona